

CONSUMER CONFIDENCE REPORT CHECKLIST

Water System: _____ WSSN: _____ District: _____

Missing Inadeq. Adeq. N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WATER SYSTEM INFORMATION

Name and phone number of contact person
Information on public participation opportunities
Information for non-English speaking populations (if applicable)

Missing Inadeq. Adeq. N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOURCES OF WATER

Type, name and location of bodies of water used as sources
Availability and how to obtain information from Source Water Assessment, brief summary of susceptibility

Missing Inadeq. Adeq. N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REQUIRED EDUCATIONAL INFORMATION

"The sources of drinking water, both tap water and bottled water, include...
"Contaminants that may be present in source water include all of the...
"To ensure that tap water is safe to drink, EPA prescribes...
"Drinking water, including bottled water, may reasonably be expected...
"Some people may be more vulnerable to contaminants..."
Informational statements on **arsenic**, nitrate, lead, or TTHM (if applicable)
Informational statements for vulnerable sub-populations on the following contaminants if detected over the level of concern: lead, copper, nitrate, fluoride, fecal coliform, or *E. coli*

Missing Inadeq. Adeq. N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEFINITIONS

MCL / MCLG
MRDL / MRDLG
Action Level (AL)
Variances/Exemptions
Units (i.e. ppm-ppb)
Treatment Technique (TT)

Missing Inadeq. Adeq. N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TABLE OF DETECTED REGULATED CONTAMINANTS

Detected during calendar year or most recently w/in 5 years
MCL / MCLG / MRDL / MRDLG / AL in units ≥ 1.0 ; detections in same units.
Likely source of contaminant, if known, or typical source of contamination
Identification of data indicating violations of drinking water standards

Missing Inadeq. Adeq. N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

TABLE OF UNREGULATED CONTAMINANTS

Detected during calendar year

Missing Inadeq. Adeq. N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER REQUIREMENTS

Detected Crypto and radon, if applicable
Sodium levels, even if not detected
Explanation of each violation of a drinking water standard and of each violation listed in R 325.10413(9), including length of violation, health effects language, and actions taken by supplier to address or correct the violation
Explanation of variances/exemptions (if applicable)

Comments: _____

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Items marked above must be corrected and redistributed by _____ (date)
<input type="checkbox"/>	<input type="checkbox"/>	Please make corrections on next year's report

Reviewed by: _____ Date: _____